



Docket No: 48418/71745

JUL 16 2001
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Application of: Bebbington et al.
Serial No.: 09/091,608 Examiner: P. Brunovskis
Filed: May 17, 1999 Group: 1632
For: CELL ACTIVATION PROCESS AND REAGANTS THEREFOR

EXAMINING GROUP 1632
AMENDMENT AFTER FINAL
UNDER 37 C.F.R. 116 EXPEDITED PROCEDURE

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. Declaration and Power of Attorney
3. Notice of Appeal from the Primary Examiner to the Board of Patent Appeals w/check for \$310.00 and a check for \$890.00 for a 3 month extension of time

Applicant is

- a small entity. A statement:
 is attached.
 was already filed.
 other than a small entity.

EXTENSION OF TERM

NOTE: See 37 C.F.R. 1.645 for extensions of time in interference proceedings, and 37 C.F.R. 1.550(c) for extensions of time in reexamination proceedings.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

(Amendment Transmittal—page 1 of 4)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

X deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to BOX AF Assistant Commissioner for Patents, Washington, D.C. 20231.

Date:

July 6, 2001

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Signature

Rita E. Johnson

(type or print name of person certifying)

(Amendment Transmittal—page 1 of 4)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3) SMALL ENTITY	OTHER THAN A SMALL ENTITY			
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra Rate	Addit. Fee	OR	Addit. Rate	Fee
Total 22	Minus 28	= 0	x \$9 =	\$	x \$18 =	\$ 0
Indep. 1	Minus 3	= 0	x \$40 =	\$	x \$80 =	\$ 0
[] First Presentation of Multiple Dependent Claim			+ \$135 =	\$	+ \$270 =	\$ 0
			Total Addit. Fee	\$ _____	OR	Total Addit. Fee \$ 0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "*After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made.*" 37 C.F.R. 1.116(a) (*emphasis added*).

(complete (c) or (d), as applicable)

(c) [x] No additional fee for claims is required.

OR

(d) [] Total additional fee for claims required \$
FEE PAYMENT

5. [] Attached is a check in the sum of \$ _____.
[] Charge Account No. _____ the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. If any additional extension and/or fee is required, charge Account No. 04-1105.

AND/OR

- If any additional fee for claims is required, charge Account No. 04-1105.



SIGNATURE OF PRACTITIONER

Reg. No. 38,256

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